KRPOCH SCIENTIFIC RESEARCH INSTITUTE

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Doomscrolling Questionnaire

Methodical Manual

Kharkiv Regional Public Organization “Culture of Health”
KRPOCH Scientific Research Institute
KRPOCH Social Psychological Center

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Methodical manual entitled “Doomscrolling Questionnaire” explains the main points of the research on doomscrolling and includes a 12-item questionnaire. The manual contains information that allows you to get acquainted with the research methodology. Instructions for the questionnaire are provided, as well as a form and a mathematical-statistical programme for quick and convenient processing of the results. References with examples of similar studies and a link to the website with the developed Google Forms are provided. The manual can be used by psychologists and social workers to study the mental state of individuals.

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The edition is available in international databases and repositories: Crossref, Google Scholar, EndNote Click, CORE, eKRPOCH, etc.

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INTRODUCTION

The methodical manual entitled "Doomscrolling Questionnaire" contains information that will allow you to become familiar with the methodology of personality research into the manifestations of thought scrolling.

The Doomscrolling Questionnaire (DQ-12) is a diagnostic tool that can be used for its intended purpose and as an aid in the diagnosis of addictive personality disorders.

The DQ-12 questionnaire consists of 12 questions scored on a Likert scale: "Never" – 0 points; "Sometimes" – 1 point; "Often" – 2 points; "Routinely" – 3 points; "Always" – 4 points.

The questionnaire consists of 4 criteria (scales). For each criterion there are 3 questions that reflect the severity of the manifestation of doomscrolling indicators (Table 1).

Table 1. Grouping of Questions According to Doomscrolling Criteria

Criteria	Number of Questions by Group		
	Group 1	Group 2	Group 3
Addiction	1	5	9
Rigidity	2	6	10
Mental Health	3	7	11
Reflection	4	8	12

Scoring:

- the points obtained for the questions in the first group (1-4) remain unchanged;
- the points obtained for the questions in the second group (5-8) are multiplied by 2;
- the points obtained for the questions in the third group (9-12) are multiplied by 3.

Thus, the maximum score for all questions in Group 1 is 16 points, for Group 2 – 32 points, and for Group 3 – 48 points. The total score is calculated by taking the correction coefficient into account.

The severity of doomscrolling is determined by the number of points scored. There are the following levels of doomscrolling: minimal, mild, moderate, moderately severe, and severe.

Table 2 gives an interpretation of the symptoms of these levels.

Before starting the diagnosis, the client should read the instructions carefully and complete the Response Form (Table 3).

Table 2. Levels of Severity for Doomscrolling and Interpretation of Doomscrolling Symptoms

Range of Points	Severity of Doomscrolling Symptoms	Interpreting the Symptoms of Doomscrolling
0 – 16	Minimal	There is a certain interest in disturbing news on the Internet, but the process and time of viewing can be easily controlled by conscious effort. News is watched to get up-to-date, vital information. Sometimes there is a state of anxiety for one's life and the lives of one's loved ones as a result of receiving negative information from the internet. Physiological and psychological parameters are normal.
17 – 36	Mild	Increased interest in worrying news online (Internet) and active subscriptions to worrying news feeds. This process is poorly controlled by volitional effort. News viewing is driven by the need to find answers to pressing questions (help loved ones, make a decision, solve a problem). The desire to be in control of information, to be aware of the latest developments. There are obsessive thoughts about the hiding of true information on the Internet.
37 – 60	Moderate	Follow the analysis and forecasts of negative news regularly. Watching the news creates an illusion of control, a sense of safety and security. There are minor violations of physiological and mental indicators. Neurotic symptoms appear, as well as internal trembling and tension as a result of receiving negative information from the Internet. Sleep disturbances (difficulty falling asleep, night-time insomnia).
61 – 80	Moderately Severe	Time spent on the Internet is not controlled and negative news is viewed many times a day. A state of uncertainty and misunderstanding, despite active news consumption. There are violations of physiological and psychological indicators. Anxiety, fear or irritability as a result of seeing negative news on

		TV or the Internet. There is suspicion, a tendency to spin and exaggerate negative news. There are signs of social isolation, excessive daytime sleepiness and/or a complete change in sleep patterns and insomnia as a result of actively following negative news. Possible eating disorders (loss of appetite or overeating) as a result of receiving negative information from the Internet.
81 – 96	Severe	There is a strong addiction to watching negative news on television and the Internet. Active reading of comments and discussions about negative news in chat rooms. There are manifestations of aggression when there are restrictions on viewing negative, aggressive information. Depression or stupor can occur as a result of actively following negative news. Severe disorders of physiological and psychological indicators. Constant anxiety, internal trembling, tension. In addition, there may be a dulling of mental processes, a decrease in motivation, and a refusal to communicate with others as a result of receiving negative information from the Internet. Eating disorders (periods of anorexia or bulimia) are possible as a result of active consumption of negative news.

As the questionnaire is based on the client's self-report, the Psychologist or Doctor should check all answers.

The final result is based on how well the respondent understood the questionnaire and other relevant information from the client. During individual or group diagnosis, a Psychologist should refrain from giving additional explanations or personal interpretations of questions.

The scale ranges follow a normal distribution curve, allowing you to compare different data sets.

The methodology can be used in a remote format with the help of technical means. The research conducted by the authors (Melnyk et al., 2024; Mykhaylyshyn et al., 2024; Pypenko et al., 2023; Stadnik et al., 2022, 2023) proved the effectiveness of using the developed Google Forms (https://doi.org/10.26697/sri.research-projects), as well as mathematical data processing using IBM SPSS Statistics 30.0 software.

Benefits of the DQ-12:

1. It has a short and simple table of contents for the client to fill in themselves.
2. It can be used in different ways (by a psychologist or by the respondent).
3. Facilitates the diagnosis of addictive personality disorder.
4. Assesses the severity of the symptoms of doomscrolling.
5. It has high validity and standardisation.

The questionnaire can be used in clinical and research settings, by psychologists and social workers to do research on the mental state of individuals.

INSTRUCTIONS:

The survey is designed to investigate addictive behaviour. It is voluntary and anonymous.

The questionnaire contains questions about the extent to which the following thoughts, feelings or actions are characteristic of you.

Read each statement carefully and choose the number that corresponds to how you feel about yourself: 1 – never, 2 – sometimes, 3 – often, 4 – routinely, 5 – always. Answer all the questions.

Thank you for your time and answers!

1. I have subscriptions to online news sites and news update alerts that I check several times a day:
- 1 – “Never”;
- 2 – “Sometimes”;
- 3 – “Often”;
- 4 – “Routinely”;
- 5 – “Always”.

2. When I watch the news on the Internet, I do not realise how quickly time passes:
- 1 – “Never”;
- 2 – “Sometimes”;
- 3 – “Often”;
- 4 – “Routinely”;
- 5 – “Always”.

3. I watch the news trying to find answers to questions that interest me (how to solve a problem, how to make a difficult decision, how to help my loved ones):
- 1 – “Never”;
- 2 – “Sometimes”;
- 3 – “Often”;
- 4 – “Routinely”;
- 5 – “Always”.

4. Sometimes I feel that I spend a lot of time watching the news just to get a false sense of control and confidence regarding the future:
- 1 – “Never”;
- 2 – “Sometimes”;
- 3 – “Often”;
- 4 – “Routinely”;
- 5 – “Always”.

5. It has become a habit for me to start every morning by watching negative news and end the day late at night by watching such news on the Internet:
- 1 – “Never”;
- 2 – “Sometimes”;
- 3 – “Often”;
- 4 – “Routinely”;
- 5 – “Always”.

6. I am horrified by what I see on social media, but I cannot switch to anything else:
- 1 – “Never”;
- 2 – “Sometimes”;
- 3 – “Often”;
- 4 – “Routinely”;
- 5 – “Always”.

7. I feel like I’m in a state of uncertainty and misunderstanding, following negative news or tension, as if something bad is about to happen:
- 1 – “Never”;
- 2 – “Sometimes”;
- 3 – “Often”;
- 4 – “Routinely”;
- 5 – “Always”.

8. I try to follow negative events on social media to find out if they really happened:
- 1 – “Never”;
- 2 – “Sometimes”;
- 3 – “Often”;
- 4 – “Routinely”;
- 5 – “Always”.

9. When I wake up at night, I check the news on the internet to see if anything bad has happened recently:
- 1 – “Never”;
- 2 – “Sometimes”;
- 3 – “Often”;
- 4 – “Routinely”;
- 5 – “Always”.

10. I find it hard to stop watching negative news, reading comments and refraining from discussing them on social media:
- 1 – “Never”;
- 2 – “Sometimes”;
- 3 – “Often”;
- 4 – “Routinely”;
- 5 – “Always”.

11. Recent negative news causes me to have eating disorders, anxiety, fear or irritability:
- 1 – “Never”;
- 2 – “Sometimes”;
- 3 – “Often”;
- 4 – “Routinely”;
- 5 – “Always”.

12. I pay close attention to news analysis and negative predictions on social media, and I believe that real information is hidden or suppressed from me:
- 1 – “Never”;
- 2 – “Sometimes”;
- 3 – “Often”;
- 4 – “Routinely”;
- 5 – “Always”.

Table 3. Response Form

1	**2**	**3**	**4**
5	**6**	**7**	**8**
9	**10**	**11**	**12**

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